

FILED FEB 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 1456
416Registration District No. 399Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9-6-40-1-8-41
(Specify whether
 In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME Mayme Moore3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 8 1909
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
31 7 0 hr. _____ min.9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER
 { 12. Name Will Moore
 { 13. Birthplace La.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Edith Perseley
 { 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk(b) Address General Hospital #217. (a) Burial (b) Date thereof 1-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Deeds18. (a) Signature of funeral director Wm A. Johnson(b) Address 11 E. Main Street19. (a) Jan 29, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1315 E. 19th St. Base.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 41 hour 5 minute 05 A. M.21. I hereby certify that I attended the deceased from
9-6-, 1940, to 1-8-, 1941,
that I last saw her alive on 1-8-, 1941,
and that death occurred on the date and hour stated above.Immediate cause of death
Carcinoma of Cervix

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury D23. Signature W. J. Jones (M. D. or other)Address Gen. Hosp #2 Date signed 1-9-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1031

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.